

# Ensuring Abortion Training in the United States Despite Legal Restrictions

Jody Steinauer, MD PhD



THE KENNETH J. RYAN RESIDENCY TRAINING PROGRAM  
IN ABORTION & FAMILY PLANNING

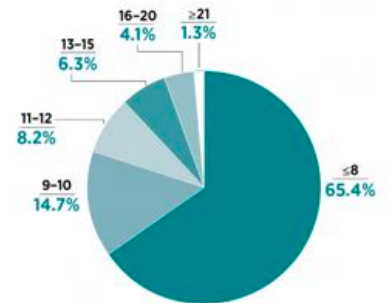


# Abortion in the US

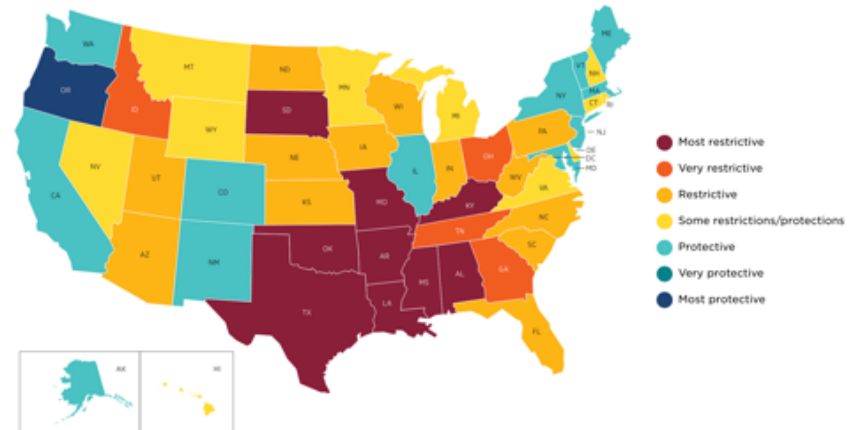
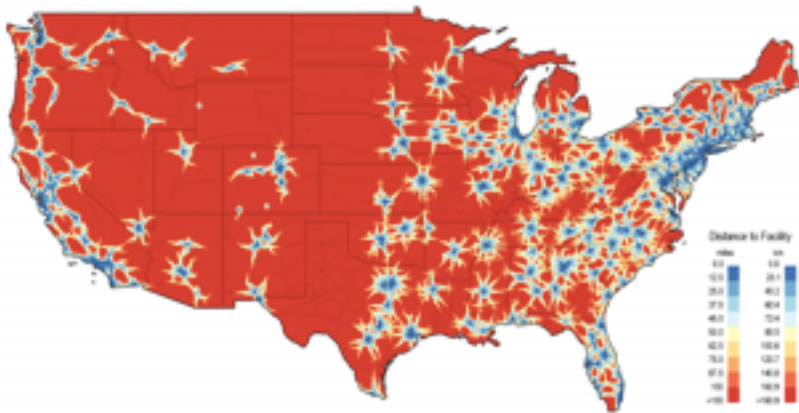
- Common
- Most are early
- Limited access in areas of US
- Post-*Roe* increased bans

WHEN WOMEN HAVE ABORTIONS

In 2016, two-thirds of abortions occurred at eight weeks of pregnancy or earlier, and 88% occurred in the first 12 weeks.



www.guttmacher.org



Left map from Cartwright, et al. Identifying national availability of abortion care...*JMIR*. 2018.

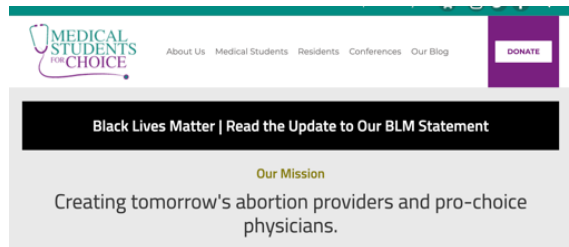
Right map from the Guttmacher institute – <https://states.guttmacher.org/policies/>

# Abortion Training in the US

- Medical school
  - All medical schools are expected to include
- Residency
  - The accrediting organization requires in ob-gyn programs
  - Some family medicine residencies include
- Fellowship
  - Complex Family Planning now accredited fellowship
  - Some family medicine fellowships in FP and SRH
  - Up to half of Maternal Fetal Medicine fellowships

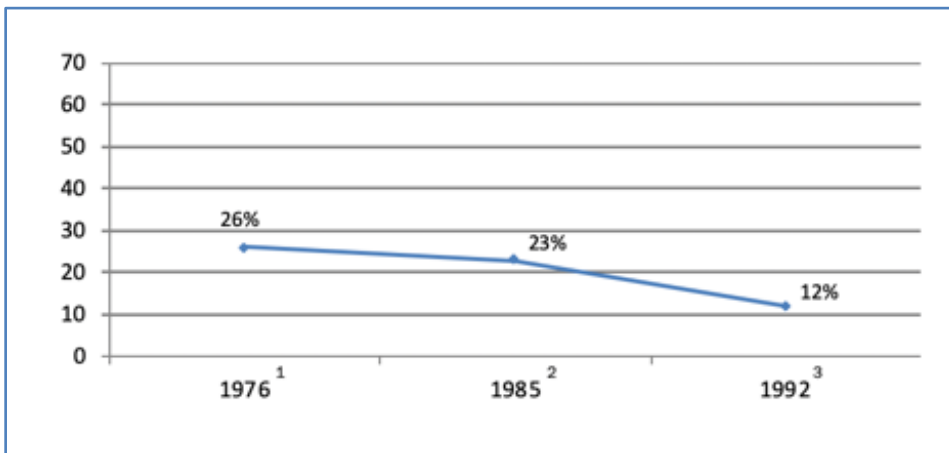
# Undergraduate Medical Education

- Many studies document deficiencies
- Students value education
  - US, Malaysia, Chile, Ireland, Norway, UK



# Ob-Gyn Residency Training

Only 12% of programs had training in 1992.



1. Lindheim, 1978. 2. Darney, 1987. 3. McKay, 1994

## Who Will Do the Abortions?

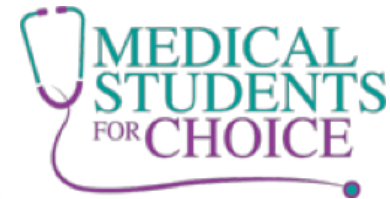
Philip D. Darney, MD, MSc

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### CLINICIANS WHO PROVIDE ABORTIONS: THE THINNING RANKS

David A. Grimes, MD

Access to abortion services in the United States has become increasingly limited because of a decrease in rural hospital providers and a growing shortage of clinicians willing to offer this service. As of 1988, 83% of United States counties had no identified provider. The deficit in numbers of clinicians stems from the current imbalance between incentives and disincentives. The single most powerful incentive appears to be altruism. On the other hand, disincentives include poor pay, frequent harassment, low prestige, sub-optimal working conditions, and tedium. In 1990 a symposium on abortion provision was held, sponsored by the National Abortion Federation and ACOG. Among the remedies suggested by the attendees were increasing the integration of abortion training into the mainstream of residency education, improving the pay and work environments for clinicians, and where feasible expanding the capacity of physician providers by using midlevel practitioners working under physician supervision. (*Obstet Gynecol* 1992;80: 719-23)



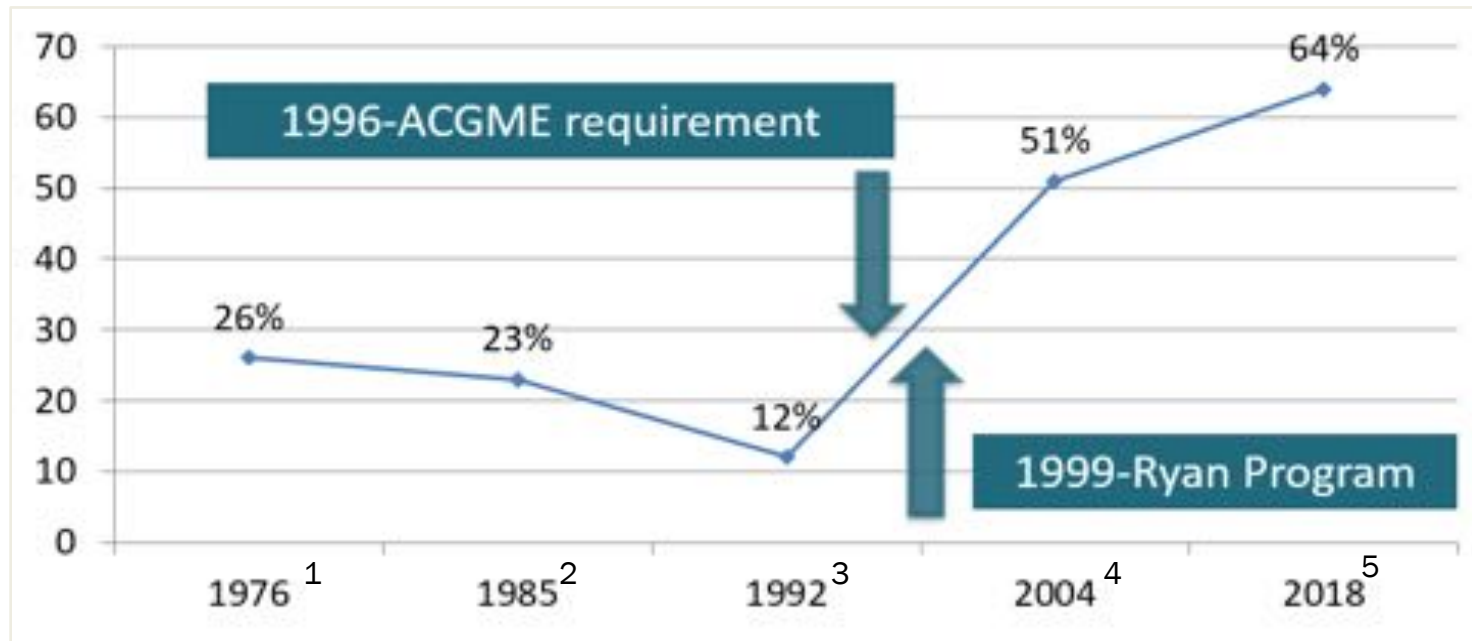
# Required Abortion Training

- **1996:** the Accreditation Council for Graduate Medical Education passed a requirement for routine abortion training in ob-gyn programs.
  - Residents can opt out of doing abortions
  - Programs with religious affiliation must ensure training

# Ryan Program

- **1999:** established by Uta Landy, PhD at UCSF to support ob-gyn depts to integrate training
  - Motivated by accreditation requirements
  - Expand clinical care and partner with clinics
  - Curriculum materials, workshops, mentorship
- Initial model included financial support
  - Now just technical support, community

# Ob-Gyn Training Improved

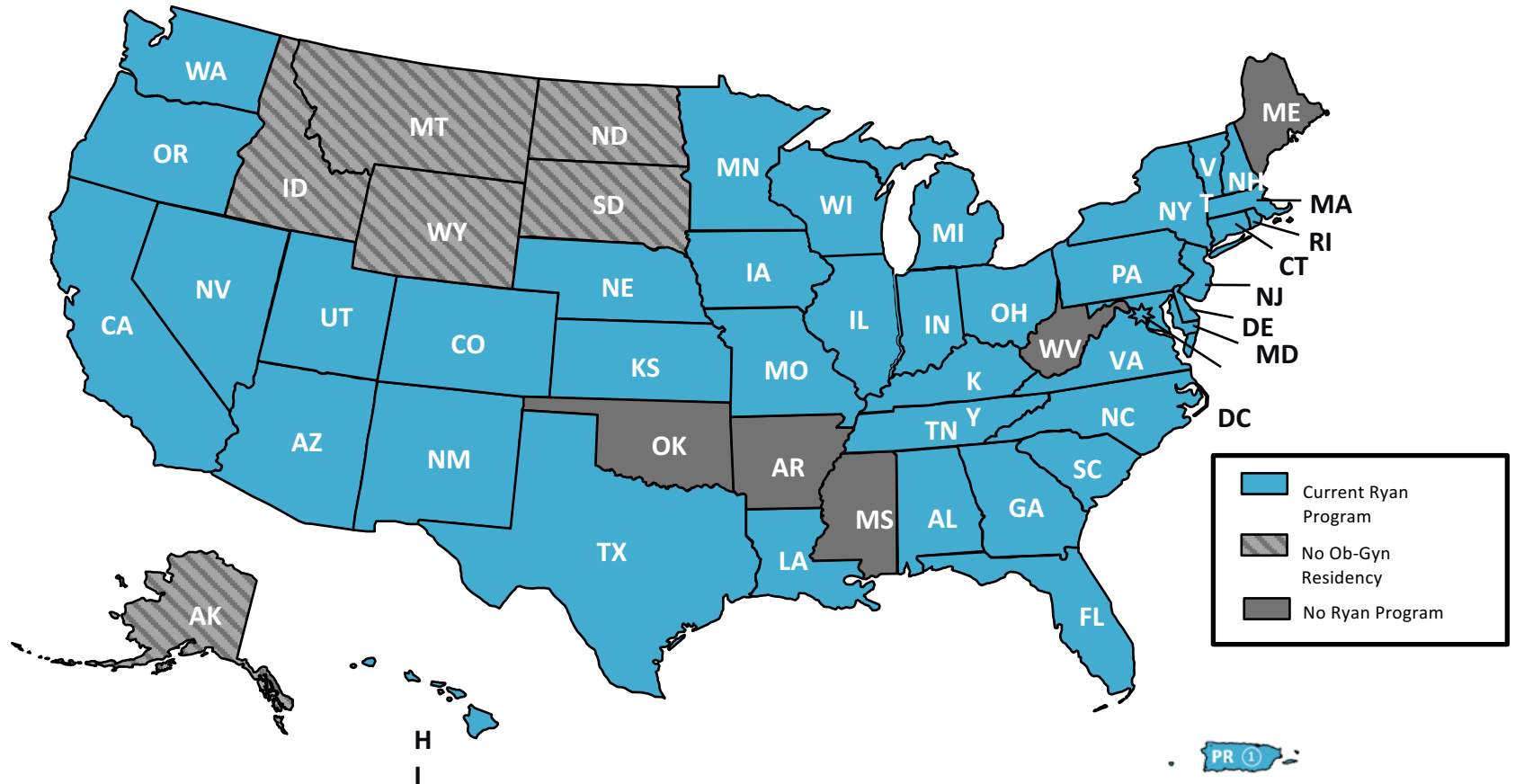


1. Lindheim, 1978. 2. Darney, 1987. 3. McKay, 1994. 4. Almeling, 2000. 5. Steinauer, 2018



# 2022: 107 US RYAN PROGRAMS

+ 2 programs in Canada



# Family Medicine Training

- Society of Teachers of Family Medicine
  - Opportunity for training
- National initiative – RHEDI Program
  - Assistance in establishing training
  - 30 established programs with fully integrated training

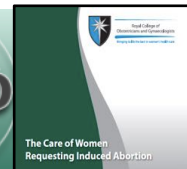
<http://www.aafp.org/afp/980700ap/corematr.html> ; [www.rhedi.org](http://www.rhedi.org)





# Abortion Training is Critical

- Professionalism requirements
  - Abortion counseling and referral
  - Competence in safely emptying the uterus
  - Ability to provide abortion care in emergency
- Integrated training correlates with competence in counseling, ultrasound, medical and procedural management of pregnancy loss and abortion skills



# Residents Value Training

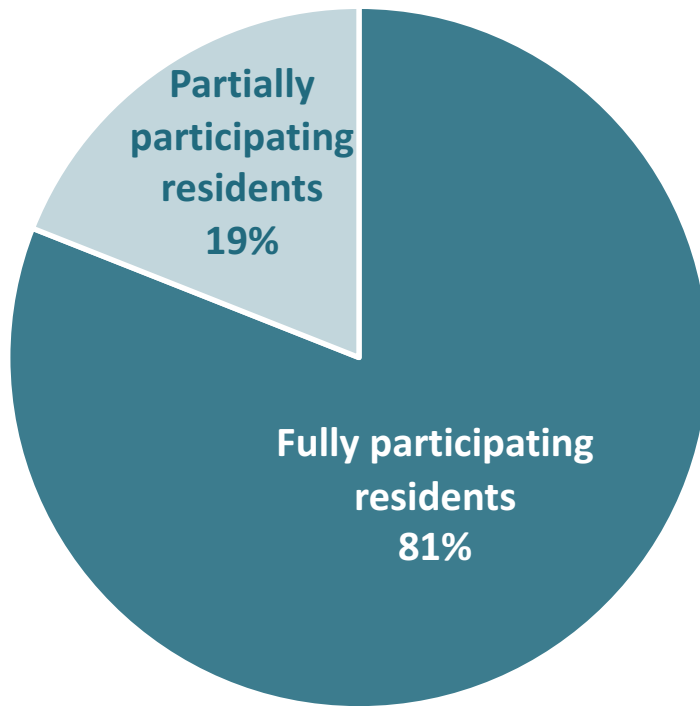
|              | Overall<br>(n=4,101)<br>* | Routine<br>Training<br>(n=2,458) | Optional Training                              |   |                           |                         | Prefer Not<br>to Answer<br>(n=92) | P     |
|--------------|---------------------------|----------------------------------|--|---|---------------------------|-------------------------|-----------------------------------|-------|
|              |                           |                                  | Clear Process to<br>Access Training<br>(n=727) | No Clear Process to<br>Access Training<br>(n=456) | No<br>Training<br>(n=318) | Don't<br>Know<br>(n=50) |                                   |       |
| Satisfied    | 65                        | 87                               | 55   | 15  | 10                        | 10                      | 39                                | <.001 |
| Neutral      | 24                        | 11                               | 39   | 50  | 40                        | 75                      | 52                                | <.001 |
| Dissatisfied | 11                        | 2                                | 6  | 35  | 51                        | 15                      | 9                                 | <.001 |

Data are % unless otherwise specified.

\* Missing: 1,326.

Horvath, et al. *Ob Gynecol.* 2021.

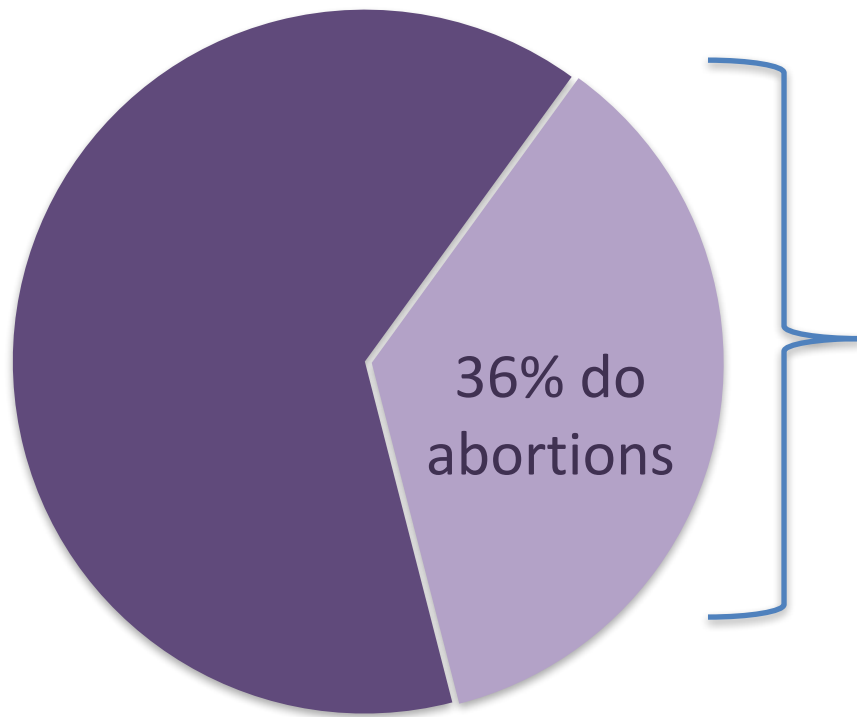
# Partial Participation



- Shift from “opting out” to “partial participation”, allow residents to participate to their level of comfort
- PP residents value training

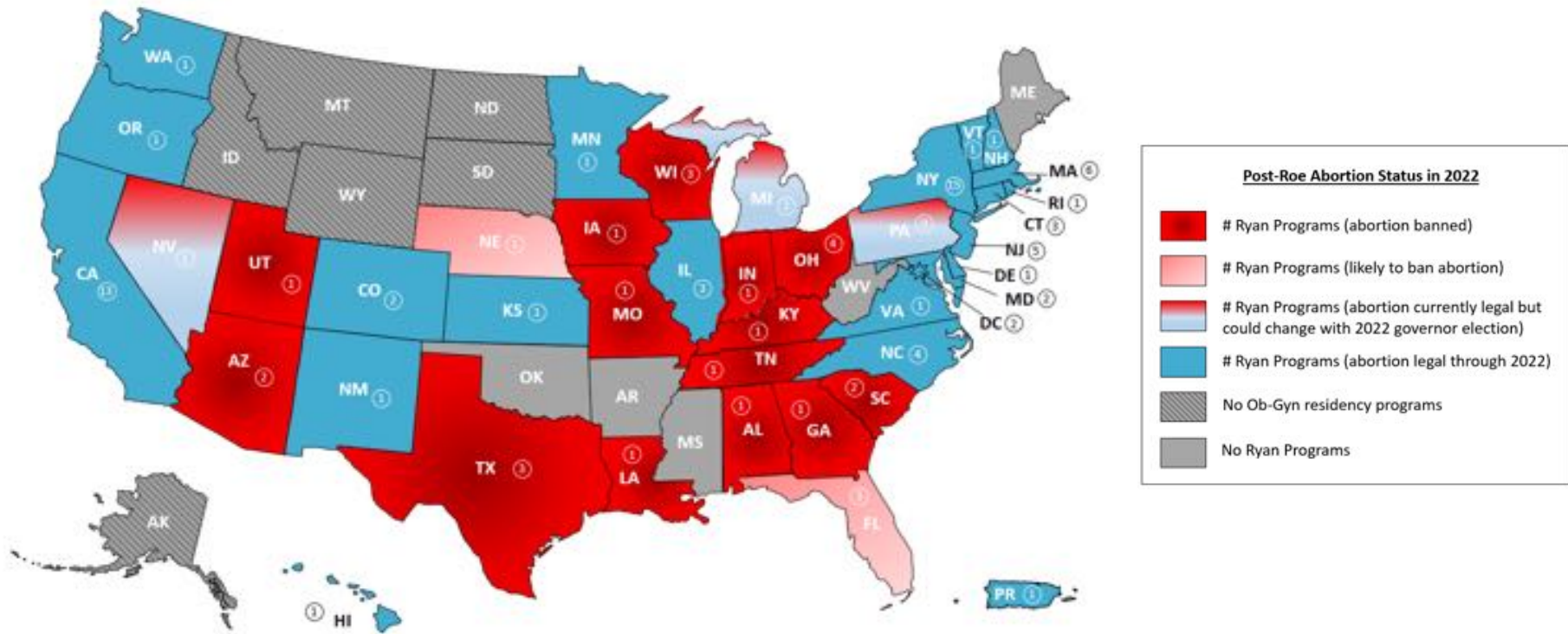
n=2,775 residents. Landy, et al. Twenty years of the Ryan Program. *Contraception*, 2021.

# Graduates Provide Abortion Care



- 3 medication and 7 uterine aspiration abortions per month
- 1/3 do D&E –5/month

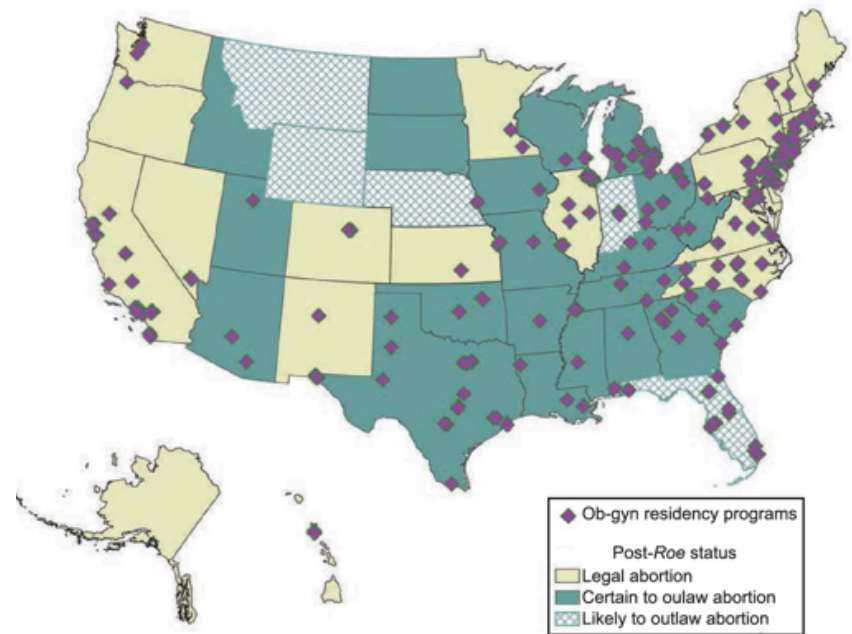
# Post-Roe Ryan Program Training





# Post-Roe Overall Training

- More than 2,600 ob-gyn residents are training in states expected to ban abortion.\*



# Training Strategies

- Bolstering hospitals to provide care: abortion, pre- and post-abortion, pregnancy loss

**TABLE 1**

**Abortion procedures included in ob-gyn training programs and for which indications (total N = 190 residency program director respondents)**

| Resident training                        | Medication abortion | First-trimester aspiration | Second-trimester D&E | Second-trimester induction |
|--|---------------------|----------------------------|----------------------|----------------------------|
| For all reasons                          | 122 (62.4)          | 118 (62.1)                 | 95 (50.0)            | 61 (32.1)                  |
| Only for fetal demise/abnormal pregnancy | 48 (25.3)           | 40 (21.1)                  | 63 (33.2)            | 104 (54.7)                 |
| For fetal demise only                    | 18 (9.5)            | 19 (10.0)                  | 13 (6.8)             | 20 (10.5)                  |
| No training                              | 2 (1.1)             | 13 (6.8)                   | 19 (10.0)            | 5 (2.6)                    |

Values are n (%) unless otherwise specified.

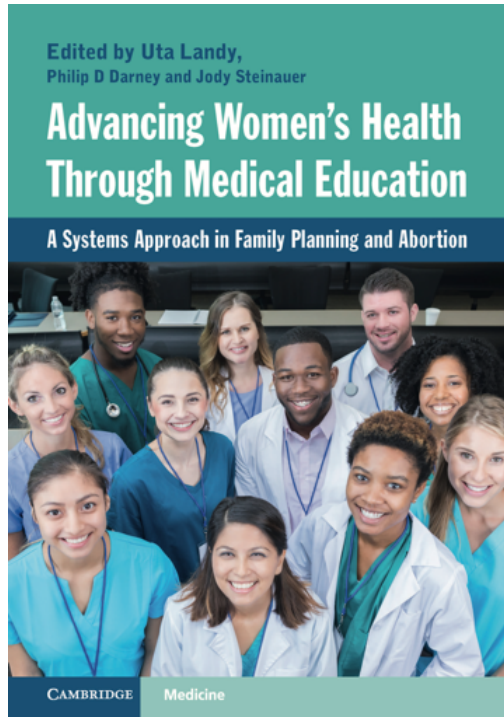
D&E, dilation and evacuation.

Tark et al. Support and resistance to abortion training in obstetrics and gynecology residency programs. *Am J Obstet Gynecol* 2019.

# Training Strategies

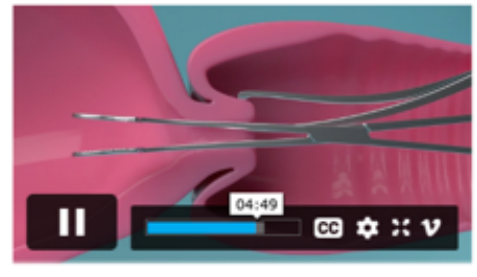
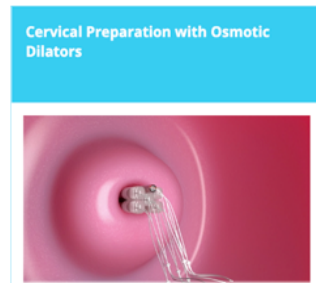
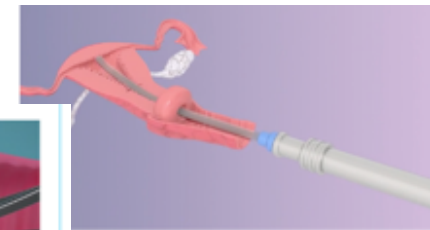
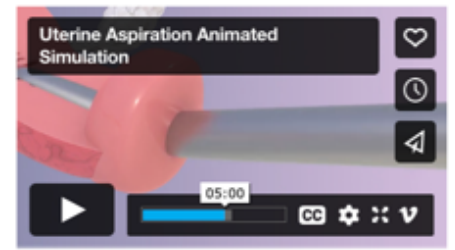
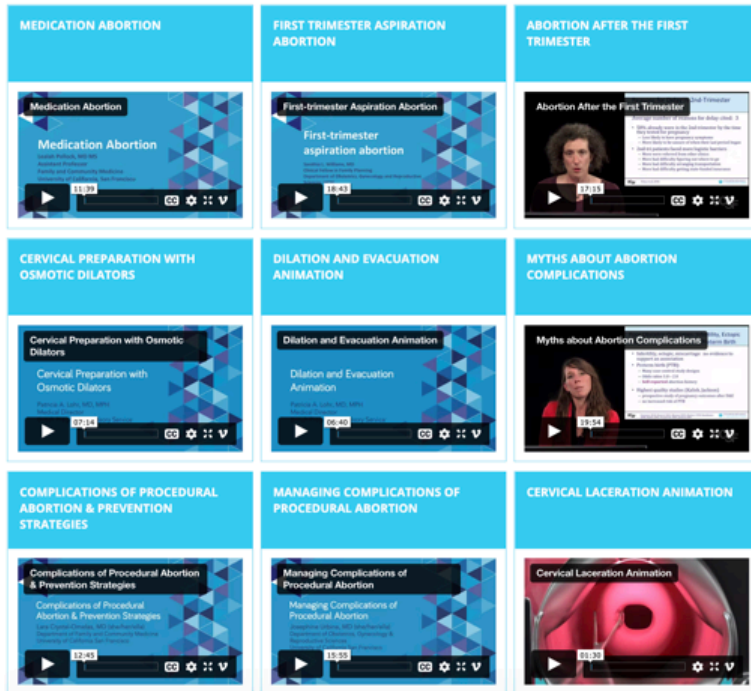
- Regional and national networks
- Partnering with MSFC, training organizations
- Working with ACGME to continue requirement
- Supporting resident travel – pilot in Texas
- Developing standardized curriculum
- Encouraging learners to advocate

# Resources



[www.innovating-education.org](http://www.innovating-education.org)

<https://ryanprogram.org/>



[www.innovating-education.org](http://www.innovating-education.org)

### Abortion and Professional Responsibility

#### Abortion and Professional Responsibility

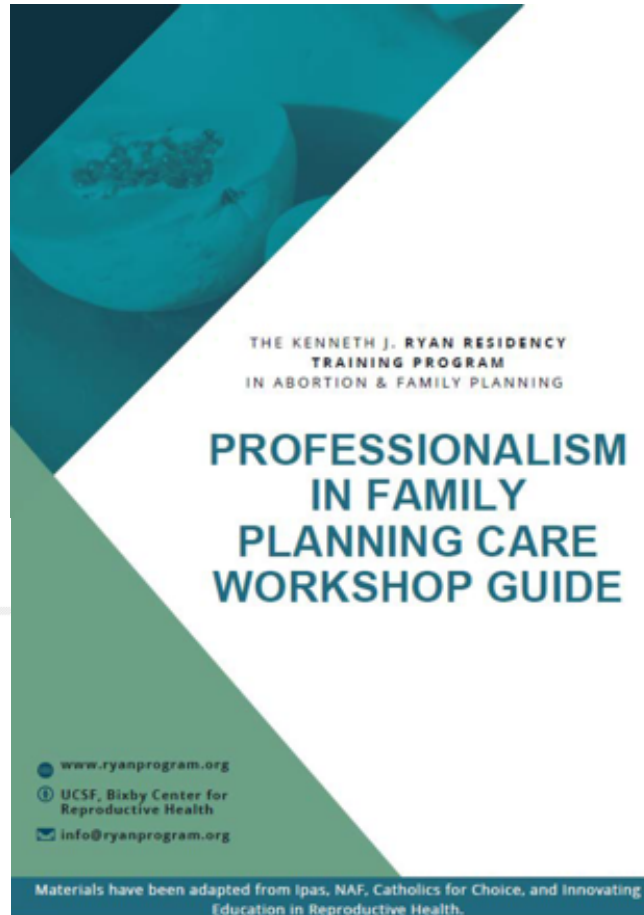
Abortion is a common experience for women around the world; yet it is often excluded from the curricula of health professionals. Our aim is to fill in the gaps left by the exclusion of abortion from mainstream curricula.

This section contains all video lectures and companion materials relating to abortion and professional responsibility.

#### LEARNING OBJECTIVES

##### AFTER WATCHING THESE VIDEO LECTURES, LEARNER WILL:

- Identify programs in medical education and describe the importance of integrated abortion training
- Understand the professional responsibilities of health-care providers caring for women seeking abortion
- Recognize and appreciate appropriate and inappropriate applications of "conscience" in the setting of abortion care
- Practice patient communication skills
- Identify steps to take to enhance professionalism in personally challenging clinical encounters
- Identify Advanced Practice Clinicians as key stakeholders in abortion provision



<https://ryanprogram.org/>

# PRHW Objectives and Components

## Objectives

1. To provide an opportunity for learners to **reflect on feelings about patients toward whom they have negative emotions and about patients seeking family planning care that might make them feel uncomfortable.**
2. To facilitate discussion about **strategies such as understanding patient context and finding empathy,** for ensuring high-quality care for patients who make decisions about health care with which the provider may disagree.

## Workshop Components

### **Discussion of general challenging patient interactions**

- Discuss interactions when they felt negative emotions toward patients.

### **Family planning-specific exercises**

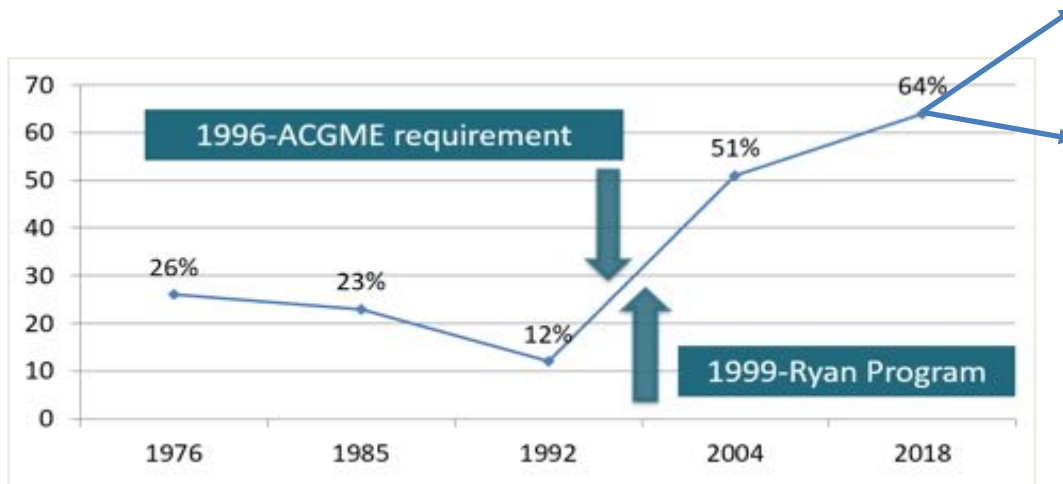
- Faculty facilitator chooses from family planning-focused exercises.

<https://ryanprogram.org/>



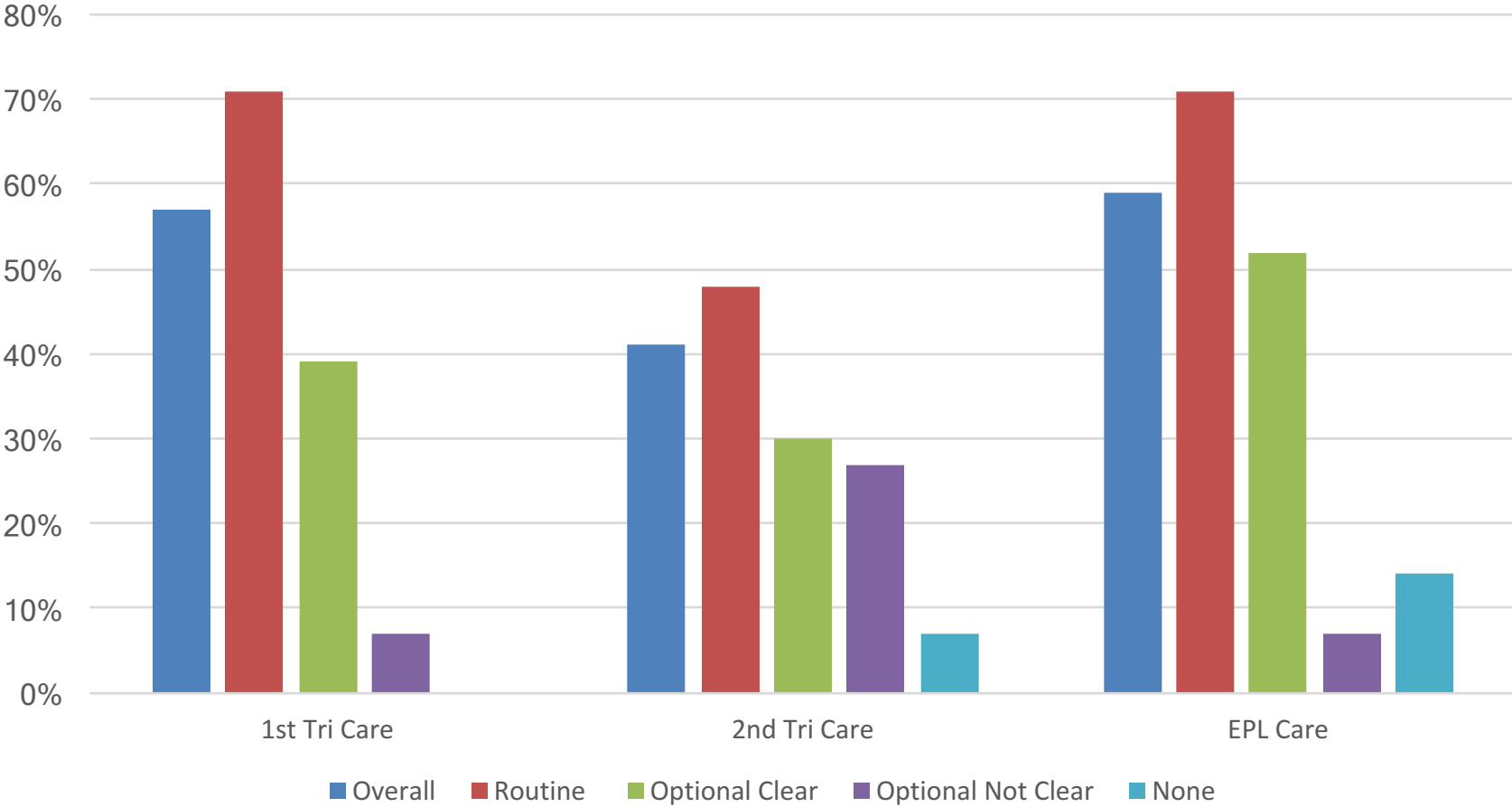
# Conclusion

- The U.S. training journey has been and continues to be challenging.
- We are working to maintain access and training.

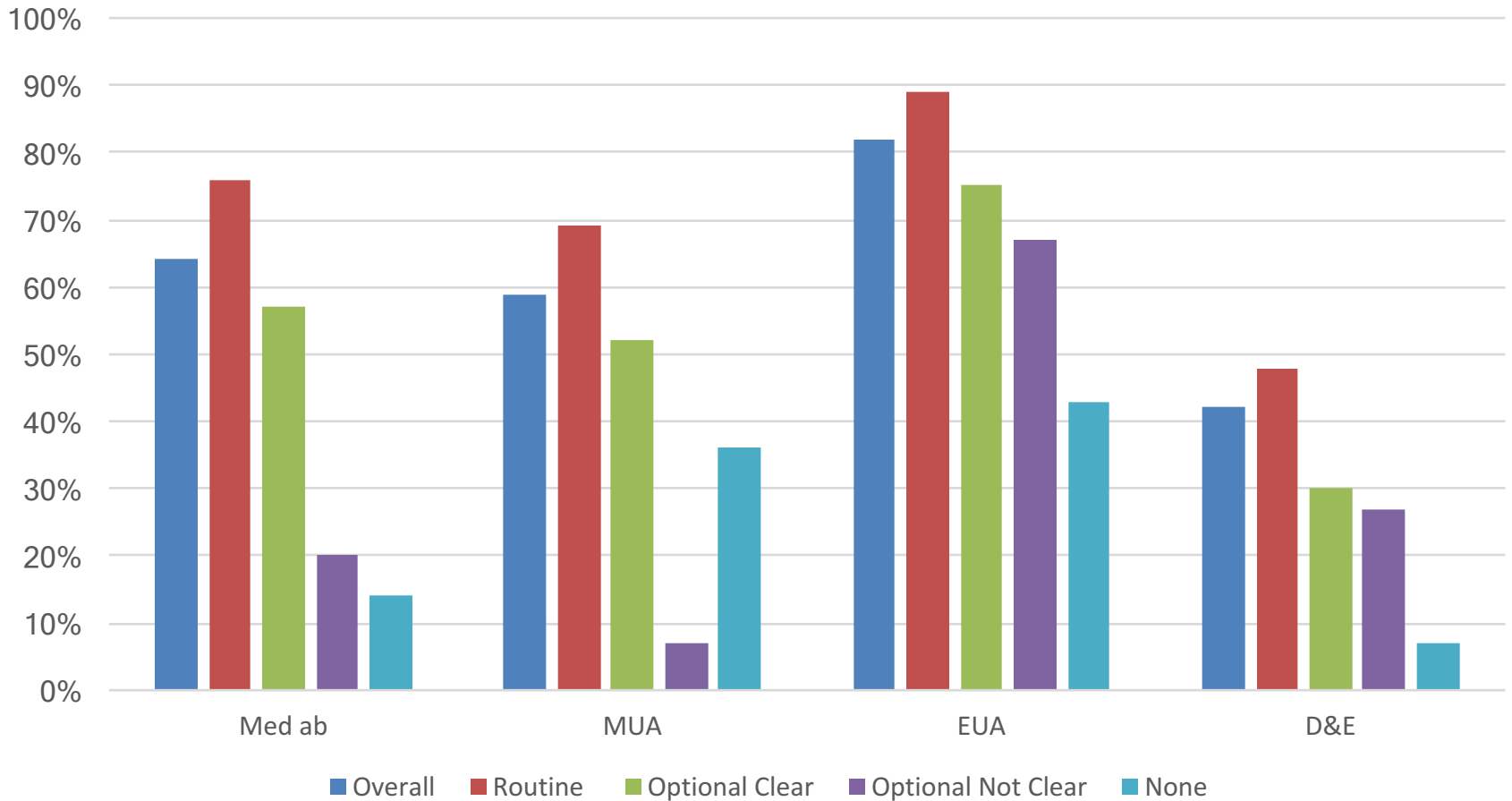




# PD Perspective – Majority Competent



# PD – Majority Competent



# PGY-4 Residents – % Competent

